



Public Input Sessions

Maternal Child Health Block Grant

and Needs Assessment 2006

April 21, 2005
Tucson 2:00 p.m. - 5:00 p.m.
Coronado I Room
Hilton El Conquistador Hotel
10000 N. Oracle Rd



April 27, 2005
Phoenix 8:30 a.m. - 11:30 a.m.
Flinn Foundation
1802 N. Central



May 4, 2005
Prescott 1:00 p.m. – 4:00 p.m.
Prescott Garden Room
Hassayampa Inn
122 E. Gurley Street

CONTENTS

This document contains:

- A list of 10 priority needs from the Title V Block Grant Application for 2005.
- Updates on 18 national or core performance measures, on which all states are mandated to report.
- Updates on 6 national or core outcome measures, on which all states are mandated to report.
- Updates on Arizona's state performance measures, which may be changed with the five-year needs assessment. (Measures 3 through 5 have been discontinued.)

Throughout the document, references are made to certain resource materials:

GUIDANCE 2003 is cited throughout this document to refer to the Maternal and Child Health Services Title V Block Grant Program Guidance and Forms for the Title V Application/Annual Report, U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau in Rockville Maryland; May 31, 2003.

Data for performance measures related to children with special health care needs (National Performance Measures #2 through #6) come from the **NATIONAL SURVEY OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS**, which is conducted every four years as a module of the State and Local Area Integrated Telephone Survey (SLAITS). This survey was designed to produce national and state-specific data to allow for standardized measures to compare the effectiveness of state-specific interventions. Most of the performance measures for children with special health care needs have multiple questions. In order for a response to a sub-question to be included in the calculation of a performance measure, all sub-questions must be answered by the respondent.

When **SLAITS** is referenced for children in general (for State Performance Measure #9), the data source is the Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children's Health, 2003. All analyses, interpretations and conclusions reached are attributable to the Office of Women's and Children's Health Assessment and Evaluation Section. The National Center for Health Statistics is responsible only for the initial data.

Rankings for measures related to children with special health care needs were obtained from *Progress Toward Implementing Community-Based Systems of Services for Children with Special Health Care Needs: Summary Tables from the National Survey of Children with Special Health Care Needs, 2001*. Available at:

http://www.cdc.gov/nchs/about/major/slaits/Publications_and_Presentations.htm

All other rankings presented come from the Title V Information System, at:

<https://performance.hrsa.gov/mchb/mchreports/Search/core/cormenu.asp#NPM>

For more information, see "Spotlight on: Title V MCH Block Grant for 2006" at

<http://www.azdhs.gov/phs/owch/index.htm>

ARIZONA PRIORITY NEEDS FROM PREVIOUS (2005) BLOCK GRANT APPLICATION

The five-year needs assessment identifies the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for children with special health care needs. With each year's Block Grant application, a list is provided of the top maternal and child health needs in the state. The numbers listed below are for computer tracking only and do not indicate priority order.

1. Reduce the postneonatal mortality rate.
2. Increase the percent of children who have health care insurance/coverage.
3. Improve women's health behavior.
4. Reduce health disparities between Native Americans, African Americans, and the general population.
5. All children and youth with special health care needs are in a system of primary and specialty care.
6. All children and youth with special health care needs have access to a comprehensive, coordinated system of health care.
7. Reduce the rate of children ages one through fourteen hospitalized for ambulatory care sensitive conditions.
8. Increase the percent of children who have access to and utilize preventive dental care.
9. Children and youth with special health care needs and their families are involved in all aspects of program planning and policy development.
10. Reduce disparity in teen pregnancy rates between Hispanics and the general population.

**NPM # 1 THE PERCENT OF NEWBORNS WHO ARE SCREENED AND CONFIRMED WITH
CONDITION(S) MANDATED BY THEIR STATE-SPONSORED NEWBORN
SCREENING PROGRAMS (E.G. PHENYLKETONURIA AND HEMOGLOBINOPATHIES)
WHO RECEIVE APPROPRIATE FOLLOW UP AS DEFINED BY THEIR STATE**

BACKGROUND

Newborn screening is the process of checking all newborns for the possible presence of serious medical conditions. In Arizona, by statute, all newborns are screened for eight metabolic disorders. Although not legally mandated, most newborns in Arizona also receive a hearing screening. Newborn screening is important because a newborn can look healthy, but still have a serious disease that cannot be seen. If left untreated, these diseases can lead to slow growth, blindness, mental retardation, and possible death.

Screening programs for newborns and children have been shown to be cost-effective and successful and have been shown to prevent mortality and morbidity. Their success reflects the systems approach from early screening to appropriate early intervention and treatment.

HEALTHY PEOPLE GOALS

Related to Objectives 16.20: (Developmental) Ensure appropriate newborn bloodspot screening, follow-up testing, and referral to services. Related to Objectives 16.21: (Developmental) Reduce hospitalization for life-threatening sepsis among children aged 4 years and under with life threatening conditions.

STATUS IN 2004 = 100%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Newborn Screening Program screens Arizona newborns twice for eight inherited disorders—once prior to hospital discharge, and again at the two-week well-baby doctor visit. Follow-up is provided to ensure that medical treatment can be promptly initiated to avert metabolic crisis and prevent irreversible neurological and developmental outcomes.

The Arizona Department of Health Service, Office for Children with Special Health Care Needs provides consultation and educational services for children with Sickle Cell Disease, as well as those with the trait. Office for Children with Special Health Care Needs staff contact parents immediately upon notification by the Newborn Screening Unit of a diagnosis of Sickle Cell Disease. The staff maintains contact with the parents for up to three times a week during the first three months following diagnosis. Additionally, Office for Children with Special Health Care Needs staff provides education to parents, medical providers, and schools on Sickle Cell Disease. The office also monitors children identified through the Arizona Birth Defects Registry to ensure they have information about the services provided through Children's Rehabilitative Services.

NPM #2 THE PERCENT OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGE 0 TO 18 YEARS WHOSE FAMILIES PARTNER IN DECISION MAKING AT ALL LEVELS AND ARE SATISFIED WITH THE SERVICES THEY RECEIVE.

BACKGROUND

Family and professional partnerships have been incorporated into the Maternal Child Health Bureau Block Grant application and the Maternal Child Health Bureau strategic plan. The Omnibus Budget Reconciliation Act of 1989 mandated that the states provide and promote family centered, community-based, coordinated care. Family satisfaction is also a crucial measure of system effectiveness. When children and families are fully informed and understand their health care options, better decisions can be made regarding individual treatment and services. When key stakeholders such as children, youths, and families are fully informed and empowered, decisions lead to more effective use of systems of care.

HEALTHY PEOPLE GOALS

Related to Objective 16.23: Increase the proportion of states and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

STATUS IN 2001 = 51.4%, ARIZONA RANK = 46

Results from the 2001 National Survey of Children with Special Health Care Needs:

	Arizona	National
Families partner in decision making and are satisfied with services	51.4%	57.5%
Doctors usually or always make the family feel like a partner	82.2%	84.3%
Family is very satisfied with the health care services received	54.4%	54.4%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Parents and youths are paid to assist the Office for Children with Special Health Care Needs in creating and providing trainings to parents of children and youths with special health care needs, assisting in the review of documents prepared for the public, interviewing staff, and participating in the 5-year needs assessment and annual Title V Block Grant application. The Office for Children with Special Health Care Needs supports 10 community action teams throughout the state of Arizona that provide leadership and direction in local communities to affect positive change for children and youths with special health care needs. The Office for Children with Special Health Care Needs and parents are expanding this model of community development to other state agencies throughout the state of Arizona.

NPM #3 THE PERCENT OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGE 0 TO 18 WHO RECEIVE COORDINATED, ONGOING, COMPREHENSIVE CARE WITHIN A MEDICAL HOME.

BACKGROUND

Children with a stable and continuous source of health care are more likely to receive appropriate preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic or disabling conditions. The Maternal Child Health Bureau uses the AAP definition of medical home which states that a medical home is the provision of accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent health care services in a high-quality and cost-effective manner.

HEALTHY PEOPLE GOALS

Related to Objective 16.22: (Developmental): Increase the proportion of children with special health care needs who have access to a medical home.

STATUS IN 2001 = 50.5%, ARIZONA RANK = 39

Results from the 2001 National Survey of Children with Special Health Care Needs:

	Arizona	National
C/YSHCN receive care in a medical home	51%	53%
Effective care coordination is received when needed	31%	40%
The child receives family-centered care	64%	67%
The child has a usual source of care	91%	91%
The child has a personal doctor or nurse	88%	89%
The child has no problems obtaining referrals when needed	74%	78%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Each regional Children's Rehabilitative Services contractor must submit to the Office for Children with Special Health Care Needs a description of the Medical Home implementation and evaluation plan. The Office for Children with Special Health Care Needs, in conjunction with multiple community partners, provides education to a variety of audiences, including children and youths with special health care needs and their families, professional health care providers, and students in special education, nursing, and medical schools throughout the state. These educational modules will soon become part of an e-learning system that will allow anyone with internet access to participate in the learning activities as well as a web-based chat room on issues related to medical home.

NPM #4 THE PERCENT OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGE 0 TO 18 WHOSE FAMILIES HAVE ADEQUATE PRIVATE AND/OR PRIVATE INSURANCE TO PAY FOR SERVICES THEY NEED.

BACKGROUND

Children with special health care needs often require an amount and type of care beyond that required by typically developing children and are more likely to incur catastrophic expenses. This population of children and families often has disproportionately low incomes and therefore is at higher risk of being uninsured. Since children are more likely to obtain health care if they are insured, insurance coverage and the content of that coverage is an important indicator of access to care. Because children with special health care needs often require more and different services than typically developing children, under insurance is a major factor in determining adequacy of coverage. Adequacy of insurance facilitates comprehensive care, which in turn reduces emergency room visits, hospitalizations, and time lost from school or work.

HEALTHY PEOPLE GOALS

Related to Objective 16.23: Increase the proportion of states and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239. Related to Objective 1.1: Increase the proportion of persons with health insurance to 100 percent.

STATUS IN 2001 = 60.8%, ARIZONA RANK = 23

Results from the 2001 National Survey of Children with Special Health Care Needs:

	Arizona	National
Families have adequate insurance	61%	60%
The child has public or private insurance at time of interview	95%	95%
The child has no gaps in coverage during the prior year	86%	88%
Insurance usually or always meets the child's needs	87%	86%
Costs not covered by insurance are usually or always reasonable	75%	72%
Insurance usually or always permits child to see needed providers	88%	88%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office for Children with Special Health Care Needs provides education and referrals to parents of children with special health care needs to ensure that all eligible children and youths receive appropriate coverage to pay for needed services. The Office for Children with Special Health Care Needs is working with several other state agencies to develop a Universal Eligibility Application Form.

**NPM #5 PERCENT OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS AGE 0 TO 18
WHOSE FAMILIES REPORT THE COMMUNITY-BASED SERVICE SYSTEMS ARE
ORGANIZED SO THEY CAN USE THEM EASILY.**

BACKGROUND

Families, service agencies, and the Federal Interagency Coordinating Council have identified major challenges confronting families in accessing coordinated health and related services that families need for their children with special health care needs. Differing eligibility criteria, duplication and gaps in services, inflexible funding streams, and poor coordination among service agencies are concerns in most states. Addressing these issues will lead to more efficient use of public funds and reduced family stress (Guidance, 2003).

HEALTHY PEOPLE GOALS

Related to Objective 16.23: Increase the proportion of states and jurisdictions that have service systems for children with or at risk for chronic and disabling condition as required by Public Law 101-239.

STATUS IN 2001 = 70.9%, ARIZONA RANK = 41

Results from the 2001 National Survey of Children with Special Health Care Needs:

	Arizona	National
Families report community-based services are organized so they can use them easily	71%	74%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Children's Rehabilitative Services provides 121 outreach clinics statewide. These outreach clinics allow trained staff and medical specialists to travel to remote areas of Arizona to provide services in the child's community. The majority of these clinics serve Native American communities. The Children's Rehabilitative Services telehealth network connects the four Children's Rehabilitative Services clinics and the Office for Children with Special Health Care Needs providing families with the opportunity to receive services in their own communities. Through independent grants in 2004, The Office for Children with Special Health Care Needs enhanced the technical capabilities of this system. The Office for Children with Special Health Care Needs supported community action teams work with state and local agencies to identify existing resources and assets to build capacity and enhance ease of use within their communities.

NPM #6 THE PERCENTAGE OF YOUTHS WITH SPECIAL HEALTH CARE NEEDS WHO RECEIVED THE SERVICES NECESSARY TO MAKE TRANSITION TO ALL ASPECTS OF ADULT LIFE.

BACKGROUND

The transition of youths to adulthood has become a priority issue nationwide, as evidenced by the President's "New Freedom Initiative: Delivering on the Promise" (March, 2002). Over 90 percent of children with special health care needs now live to adulthood, but are less likely than their non-disabled peers to complete high school, attend college, or to be employed. Health and health care are cited as two of the major barriers to making successful transitions (Guidance, 2003).

HEALTHY PEOPLE GOALS

Related to Objective 16.23: Increase the proportion of states and jurisdictions that have service systems for children with or at risk for chronic and disabling conditions as required by Public Law 101-239.

STATUS IN 2001 = 5.8%, ARIZONA RANK = 45

Results from the 2001 National Survey of Children with Special Health Care Needs:

	Arizona	National
Youths with special health care needs will receive the services necessary to make transitions to adult life, including adult health care, work, and independence.	6% ¹	6%
The child receives guidance and support in the transition to adulthood	4%	15%
The child has received vocational or career training	28%	26%

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office for Children with Special Health Care Needs provides regional training and technical assistance to providers in local communities who coordinate transition to adult services. Community outreach efforts occur through collaboration with other state agencies such as Arizona Department of Health Services Office of Nutrition, Arizona Division of Developmental Disabilities, and the Arizona Department of Education as well as community organizations such as Children's Information center, Raising Special Kids, Pilot Parents of Southern Arizona, and the Arizona Brain Injury Association.

¹ Data for this measure for 2002 may not be accurate due to small sample sizes in many states. This will be addressed in future National Children with Special Needs Surveys. Only four states (South Carolina, Kentucky, Tennessee, and Maine) had sample sizes of sufficient size to meet reliability standards.

NPM # 7 THE PERCENT OF 19 TO 35 MONTH OLDS WHO HAVE RECEIVED FULL SCHEDULE OF AGE APPROPRIATE IMMUNIZATIONS AGAINST MEASLES, MUMPS, RUBELLA, POLIO, DIPHTHERIA, TETANUS, PERTUSSIS, HAEMOPHILUS INFLUENZA, AND HEPATITS B.

BACKGROUND

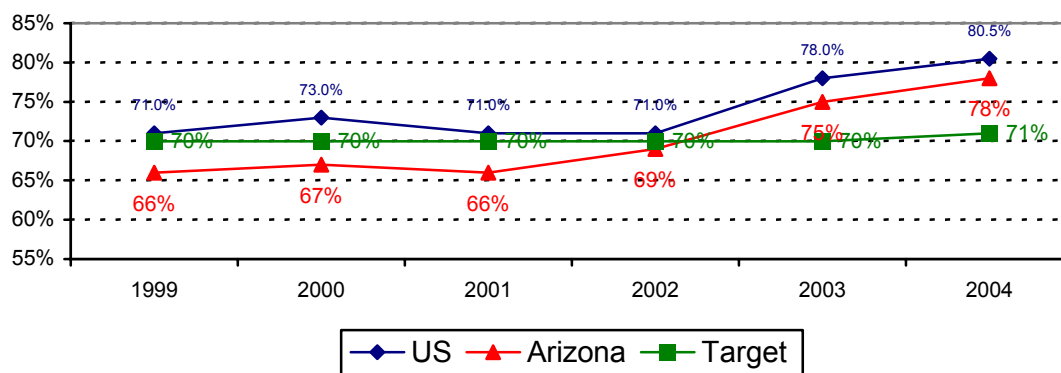
Infectious diseases remain important causes of preventable illness in the United States despite significant reductions in incidence in the past 100 years (Guidance, 2003). Vaccines are among the safest and most effective preventive measures.

HEALTHY PEOPLE GOALS

Objective 14-24: Increase the proportion of young children who receive all vaccines that have been recommended for universal administration for at least 5 years. Increase the proportion of children aged 19 through 35 months who received all recommended vaccines to 80 percent. (Baseline: 73 percent in 1998.) Healthy Arizona 2010 Immunization and Infectious Diseases Objective #4 is to increase the proportion of children 19 through 35 months who receive 4 DPT, 3 IPV/OPV, 1 MMR, 3 Hib and 3 Hepatitis B to 80 percent.

STATUS IN 2003 = 75%, ARIZONA RANK = 35

The Percent of Infants who Received All Recommended Immunizations Before Age Two



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Title V funding supports the Arizona Partnership for Immunizations and their efforts to provide immunization education. These efforts include distribution of educational materials including a quarterly newsletter, parent education flyers, reminder/recall postcards as well as support for a web site where parents can ask questions of medical experts. The Office of Women's and Children's Health and WIC programs provide education on immunizations and monitors the immunization status of enrollees.

NPM # 8 THE RATE OF BIRTHS (PER 1,000) FOR TEENAGERS AGED 15 THROUGH 17 YEARS.

BACKGROUND

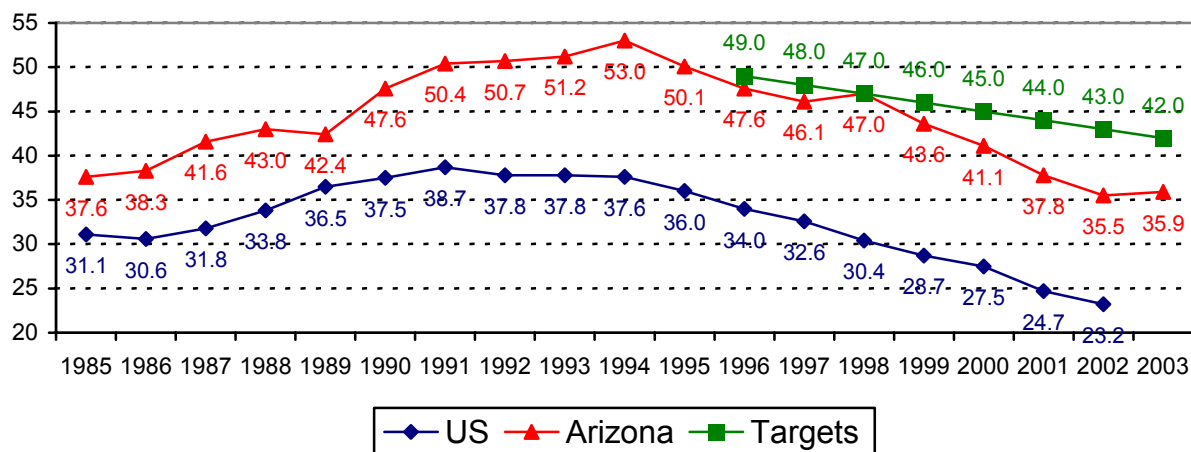
The Department of Health and Human Services has made lowering the rate of teen pregnancies (a major threat to healthy and productive lives) a priority goal in its strategic plan (Guidance, 2003). Teen parenting is associated with the lack of high school completion and initiating a cycle of poverty for mothers.

HEALTHY PEOPLE GOALS

Objective 9-7: Reduce pregnancies among females aged 15-17 to no more than 46 per 1,000 females aged 15-17 years. (Baseline: 72 pregnancies per 1,000 females aged 15-17 years in 1995.) Healthy Arizona 2010 Responsible Sexual Behavior Objective #3 is to reduce pregnancies to 25 pregnancies per 1,000 among adolescent females aged 15 to 17 years. Objective #2 is to increase the proportion of adolescents who use condoms if sexually active.

STATUS IN 2003 = 35.9 PER 1,000, ARIZONA RANK = 47

The Birth Rates per 1,000 Girls Age 15-17



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health provides comprehensive family planning services for adolescents that include education, counseling and referrals. The Office of Women's and Children's Health Teen Pregnancy Prevention Project funds community based interventions in two Arizona communities with high teen birth rates and has developed a media campaign and parent guide. Abstinence Education includes 10 local projects that provide abstinence education and youth development activities.

NPM # 9 THE PERCENT OF THIRD GRADE CHILDREN WHO HAVE RECEIVED PROTECTIVE SEALANTS ON AT LEAST ONE PERMANENT MOLAR.

BACKGROUND

Dental caries affect two-thirds of children by the time they are 15 years of age. Developmental irregularities, called pits and fissures, are the sites of 80-90 percent of childhood caries (Guidance, 2003). Sealants selectively protect these vulnerable sites, which are found mostly in permanent molar teeth. Targeting sealants to those at greatest risk for caries has been shown to increase their cost-effectiveness. Although sealants have the potential to combine with fluorides to prevent almost all childhood tooth decay, they have been underutilized.

HEALTHY PEOPLE GOALS

Objective 21.8: Increase the proportion of children who have received dental sealants on their molar teeth to 50 percent. (Baseline: 23 percent of children aged 8 years received sealants on their molars in the years 1988-94.) Healthy Arizona 2010 Oral Health Objective #1 is to increase the proportion of children and adults who receive dental care each year.

STATUS IN 2004 = 24%

No trendline is presented for this measure because the data source has been changed. Figures for previous years were from a statewide random oral health survey of over 80 communities. The measure for 2004 is based on children in schools from five of the 15 counties in Arizona where at least 65 percent of the student population in the school are on the Free and Reduced Lunch program. Data is collected on second grade children because physiologically, their average age is the optimum time for sealant placement on first permanent molars. Presence of existing dental sealants is determined as oral health surveillance collected at the time of the screening for sealant need, and before any additional sealants are placed. Data was collected during the 2003-2004 school year. The same surveillance method on the previous academic year yielded an estimate of 20 percent.

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Title V funds support dental sealant programs for children in which school children are screened, receive a dental sealant, and are provided with referrals for further care if needed.

NPM # 10 THE RATE OF DEATHS TO CHILDREN AGED 14 YEARS AND YOUNGER CAUSED BY MOTOR VEHICLE CRASHES PER 100,000 CHILDREN.

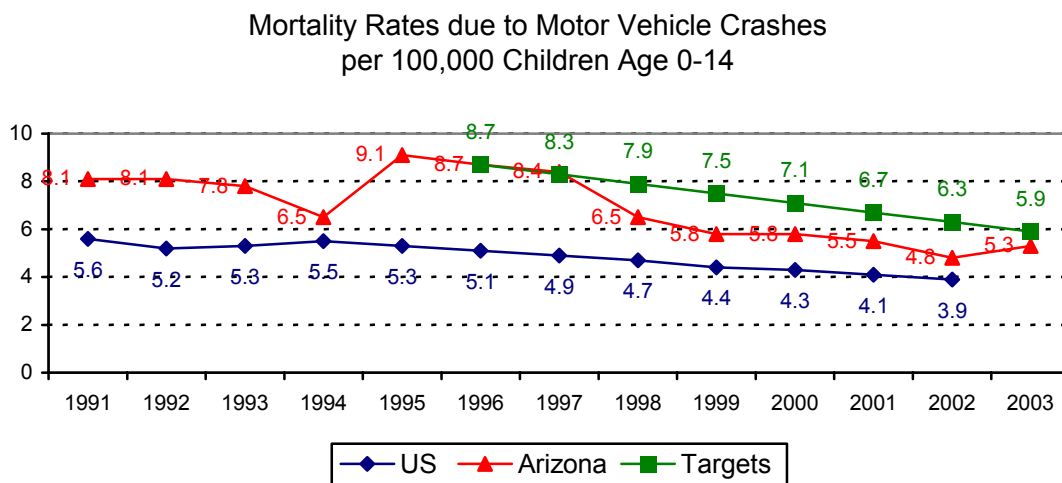
BACKGROUND

About 50 percent of all deaths of children aged 14 and younger are due to injuries, and around 80 percent of these are from motor vehicle crashes (Guidance, 2003). Injuries are the leading cause of mortality in this age group, and are the most significant health problem affecting the nation's children.

HEALTHY PEOPLE GOALS

Objective 15-15: Reduce deaths caused by motor vehicle crashes to 9.0 deaths per 100,000 population. (Baseline: 15 deaths per 100,000 population by motor vehicle crashes in 1998. Baseline for children aged 14 years and under, 4.2 deaths per 100,000 in 1998.) Healthy Arizona 2010 Injury and Violence Prevention Objective #1 is to reduce injury, disability and death caused by motor vehicle crashes to no more than 16 deaths per 100,000.

STATUS IN 2003 = 5.3, ARIZONA RANK = 35



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health, in collaboration with Arizona Safe Kids, provides technical support and child safety seat education and inspection events throughout the state, including the development of Arizona's first permanent child seat safety inspection station. Through block grants to local county health departments, child safety seats are provided to low-income families and seats are inspected for proper installation.

NPM # 11 THE PERCENTAGE OF MOTHERS WHO BREASTFEED THEIR INFANTS AT HOSPITAL DISCHARGE

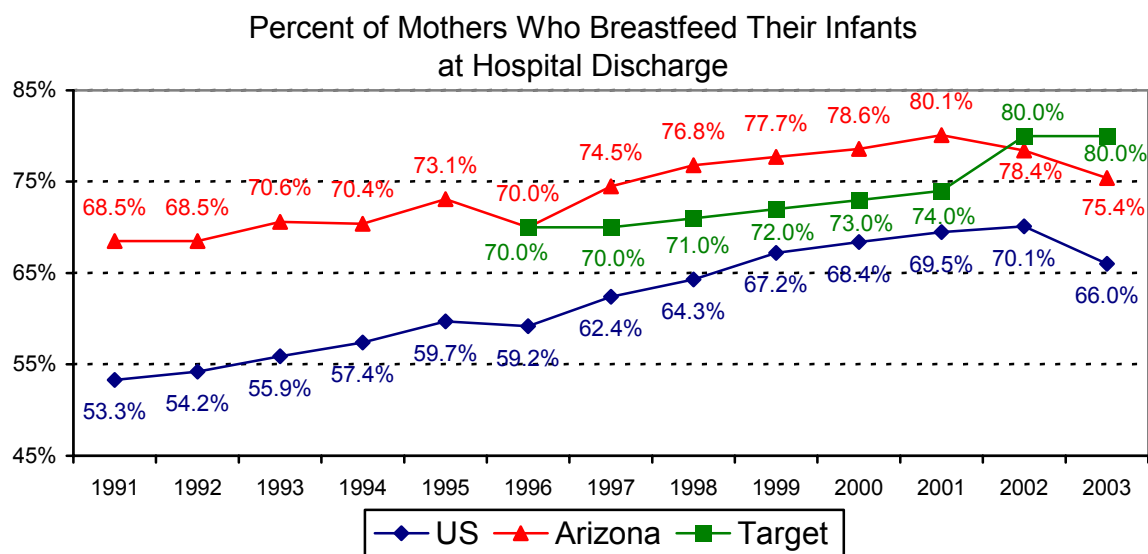
BACKGROUND

The advantages of breast-feeding are indisputable and include nutritional, immunological, and psychological benefits to both infant and mother, as well as economic benefits (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-19a: Increase the proportion of mothers who breastfeed their babies in the early postpartum period to 75 percent. (Baseline: 64 percent in 1998.) Healthy Arizona 2010 Maternal/Infant Health Objective #4 is to increase the proportion of mothers who breastfeed their babies to 75 percent of mothers at birth, 50 percent at six months, and 25 percent at one year old.

STATUS IN 2003 = 75.4, ARIZONA RANK = 11



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health operates a pregnancy and breastfeeding hotline with trained lactation consultants who provide breastfeeding information, support to mothers and referrals to lactation counselors. A statewide health marketing campaign to promote worksite breastfeeding is in development. Funding supports the training of lactation counselors at the local level. In addition the WIC program develops training curricula and provides breastfeeding pumps on loan to clients.

NPM # 12 THE PERCENTAGE OF NEWBORNS WHO HAVE BEEN SCREENED FOR HEARING BEFORE HOSPITAL DISCHARGE

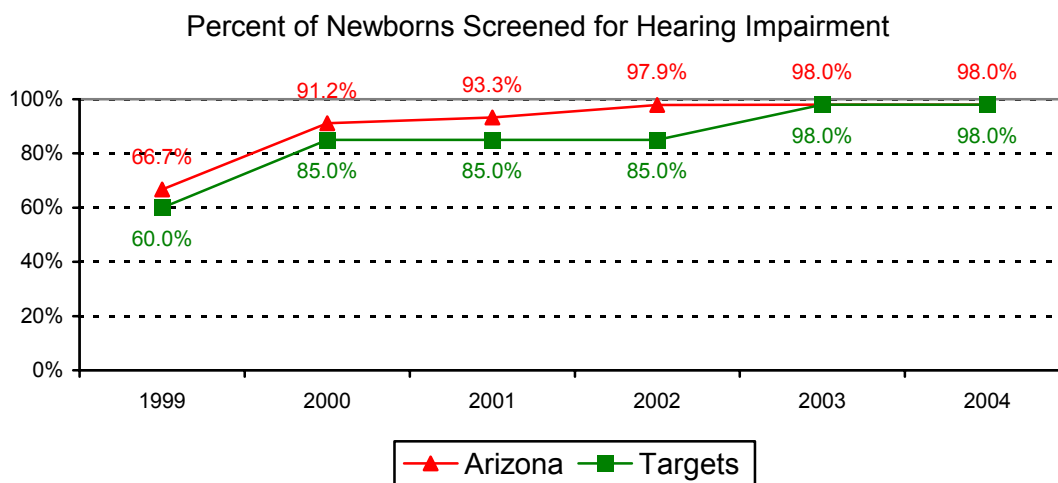
BACKGROUND

Babies with hearing loss who are identified and receive services before six months of age have significantly better language skills than those who do not. This may help reduce the need for special education services later in childhood and help ensure success in school and society.

HEALTHY PEOPLE GOALS

Objective 28-11: Increase the proportion of newborns who are screened for hearing loss by age one month, have audiologic evaluation by age three months, and are enrolled in appropriate intervention services by age six months.

STATUS IN 2004 = 98%, ARIZONA RANK = 14



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Newborn Screening program provides technical assistance to hospitals throughout the state to ensure that newborn hearing screening policies and procedures follow relevant state laws, quality assurance recommendations, and hospital guidelines.

NPM # 13 THE PERCENTAGE OF CHILDREN WITHOUT HEALTH INSURANCE

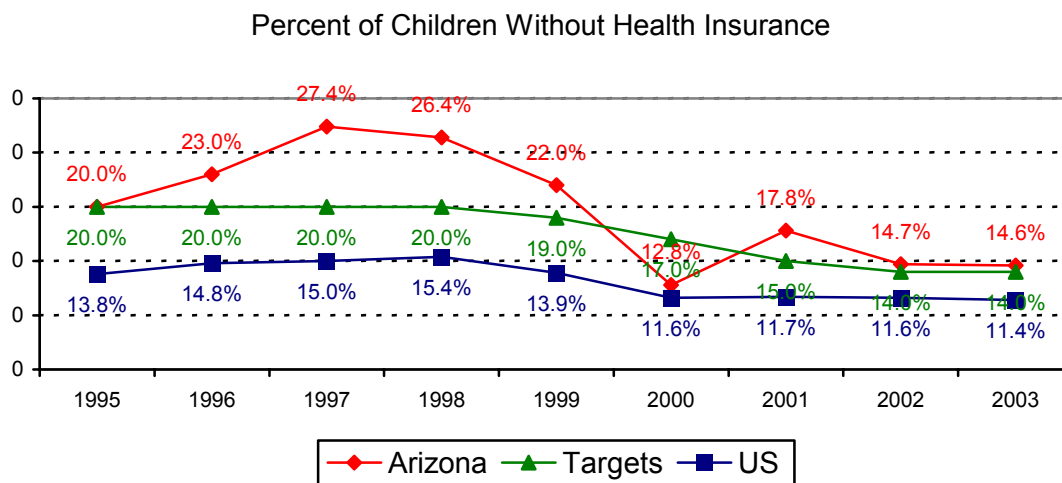
BACKGROUND

There is a well-documented association between insurance status and utilization of health care services among adults. Less is known about the utilization of services in children (Guidance, 2003).

HEALTHY PEOPLE GOALS

Related to Objectives 1-1: Increase the proportion of persons with health insurance to 100 percent. (Baseline: 86 percent of the population was covered by health insurance in 1997.) Healthy Arizona 2010 Access To Care Objective #1 is to increase the proportion of persons with health insurance to 90 percent.

STATUS IN 2003 = 14.6%, ARIZONA RANK = 46



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health includes a variety of programs that assist families in obtaining health insurance. The Pregnancy and Breastfeeding Hotline, Children's Information Center, County Prenatal Block Grant, Health Start, Reproductive Health/ Family Planning Program, and the High Risk Perinatal Program provide outreach, education, and assistance in obtaining health care coverage.

NPM # 14 THE PERCENT OF POTENTIALLY MEDICAID-ELIGIBLE CHILDREN WHO HAVE RECEIVED A SERVICE PAID BY THE MEDICAID PROGRAM

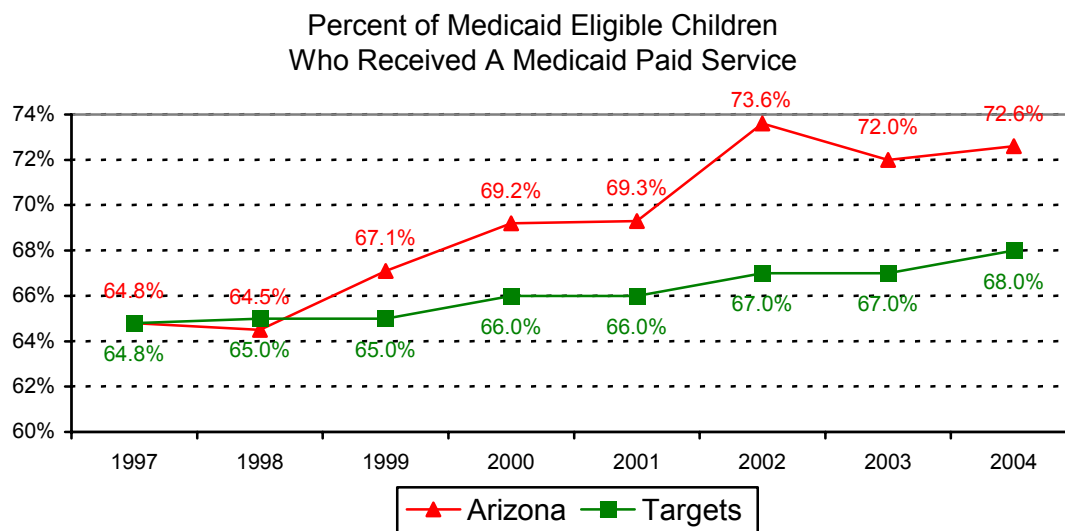
BACKGROUND

Financial access to health care does not guarantee that all children will enroll and access care; however, insured children are more likely to get care. Currently three million children are estimated to be eligible non-participants in Medicaid (Guidance, 2003).

HEALTHY PEOPLE GOALS

Related to Objective 1-4b: Increase the proportion of children and youths aged 17 years and under who have a specific source of ongoing care to 96 percent. (Baseline: 93 percent in 1997.)
Related to Objective 1-6: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members to seven percent. (Baseline: 12 percent in 1996.)

STATUS IN 2004 = 72.6%, ARIZONA RANK = 46



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Many of the programs in the Office of Women's and Children's Health support families in accessing appropriate services through their Arizona Health Care Cost Containment System provider. The Community Services grants, High Risk Perinatal Program, Reproductive Health/Family Planning Program, and Health Start program link program enrollees with their Arizona Health Care Cost Containment System providers and assist them in establishing a medical home. The Office of Oral Health provides outreach to increase the use of dental care services by current Arizona Health Care Cost Containment System enrollees.

NPM # 15 THE PERCENT OF VERY LOW BIRTH WEIGHT BABIES AMONG LIVE BIRTHS.

BACKGROUND

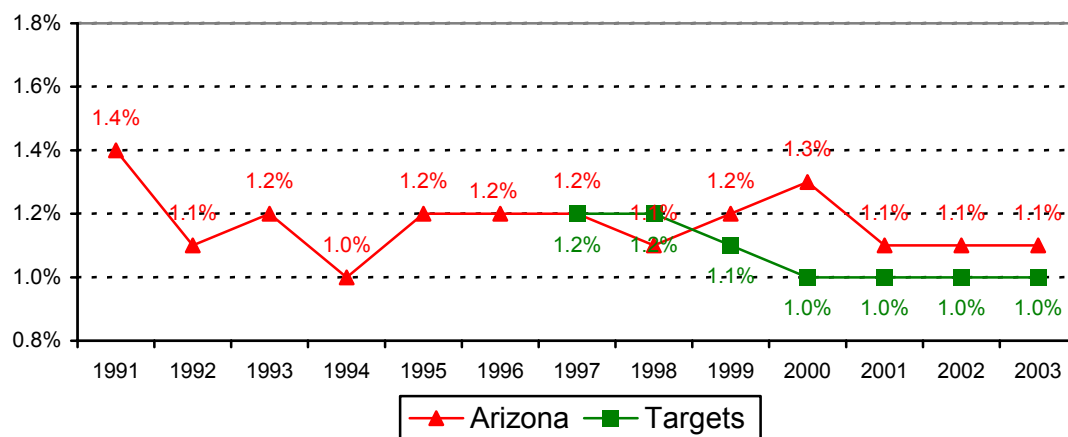
Prematurity is the leading cause of infant death. Many risk factors have been identified for low birth weight involving younger and older maternal age, poverty, late entry into prenatal care, smoking, and substance abuse (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-10b: Reduce very low birth weights to 0.9 percent. (Baseline: 1.4 percent in 1997.)

STATUS IN 2003 = 1.1%, ARIZONA RANK = 8

Percent of Very Low Birth Weight Infants Among All Live Births



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health supports a variety of programs designed to improve birth outcomes. The High Risk Perinatal Program supports a system that identifies high-risk pregnant women and links them with risk appropriate services. Health Start identifies women early in their pregnancy and assists them in accessing prenatal care. The Governor's Commission on Women's Health and the Reproductive Health/Family Planning program support improvements in women's health during the pre-conception period.

NPM # 16 THE RATE (PER 100,000) OF SUICIDE DEATHS AMONG YOUTHS AGED 15 TO 19.

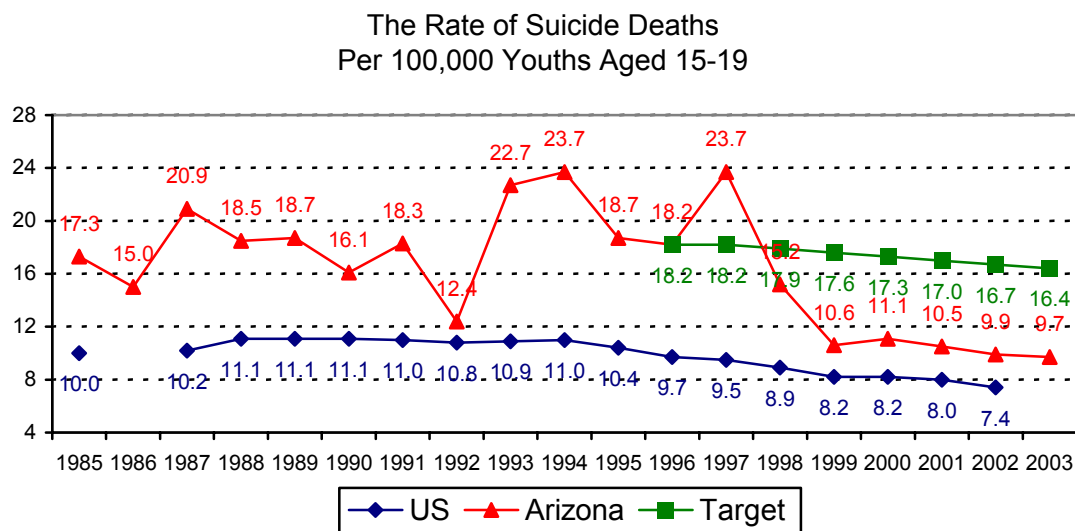
BACKGROUND

Suicide is the third leading cause of death in the United States among youths aged 15 through 19, and in many states it ranks as the second leading cause of death in this population (Guidance, 2003).

HEALTHY PEOPLE GOALS

Related to Objectives 18-1: Reduce the suicide rate to 6.0 deaths per 100,000 population. (Baseline: 10.8 suicide deaths per 100,000 in 1997.) Related to Objective 18-2: Reduce the rate of suicide attempts by adolescents in grades 9 through 12 to a 12 month average of 1 percent. (Baseline: 12 month average of 2.6 percent among adolescents in grades 9 through 12 in 1997.) Healthy Arizona 2010 Mental Health Objective #5 is to decrease the number of completed suicides for teens and older adults to no more than 10 deaths per 100,000.

STATUS IN 2003 = 9.7, ARIZONA RANK = 37



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Child Fatality Review Program reviews circumstances surrounding suicides and develops recommendations to reduce suicide fatalities. The Office of Women's and Children's Health also provides funding to present a depression screening tool and a pediatric checklist to community mental health organizations.

NPM # 17 THE PERCENT OF VERY LOW BIRTH WEIGHT INFANTS DELIVERED AT FACILITIES FOR HIGH-RISK DELIVERIES AND NEONATES.

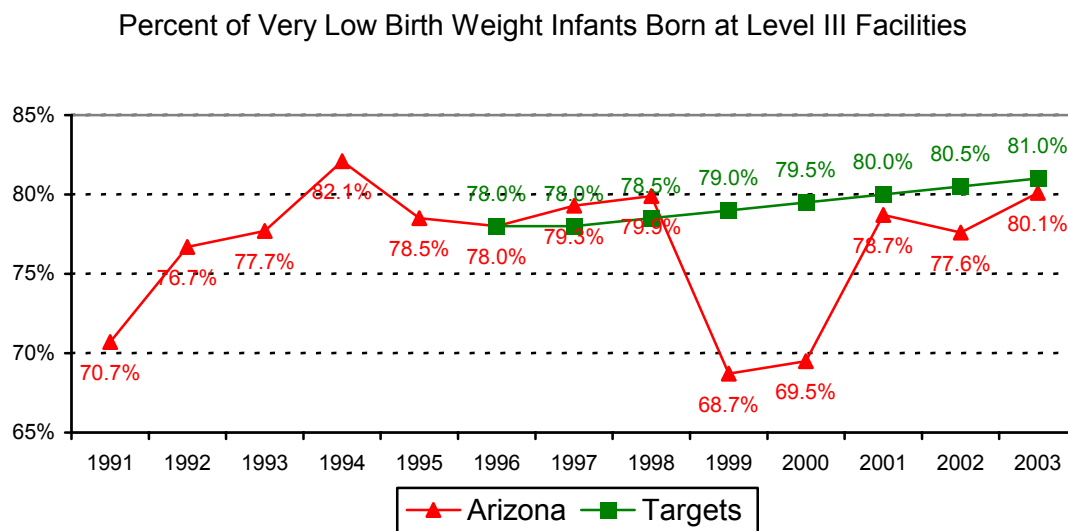
BACKGROUND

Very low birth weight infants are more likely to survive and thrive if they are born and cared for in an appropriately staffed and equipped facility with a high volume of high-risk admissions (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-9: Increase the proportion of very low birth weight infants born at Level III hospitals or sub-specialty perinatal centers to 90 percent. (Baseline: 73 percent of very low birth weight infants born at Level III hospitals or sub-specialty perinatal centers in the years 1996-97.) Healthy Arizona 2010 Maternal/Infant Health Objective #2 is to increase the proportion of very low birth weight infants who are delivered at Level III hospitals of subspecialty perinatal centers to 90 percent.

STATUS IN 2003 = 80.1%, ARIZONA RANK = 29



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The High Risk Perinatal Program includes information and referral services, consultation services by perinatologists, and coordinates transport services for high-risk pregnant women to hospitals able to provide the appropriate level of care. In addition, the Office of Women's and Children's Health participates in the certification of perinatal care centers including technical assistance and training activities.

NPM # 18 THE PERCENT OF INFANTS BORN TO PREGNANT WOMEN RECEIVING PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER.

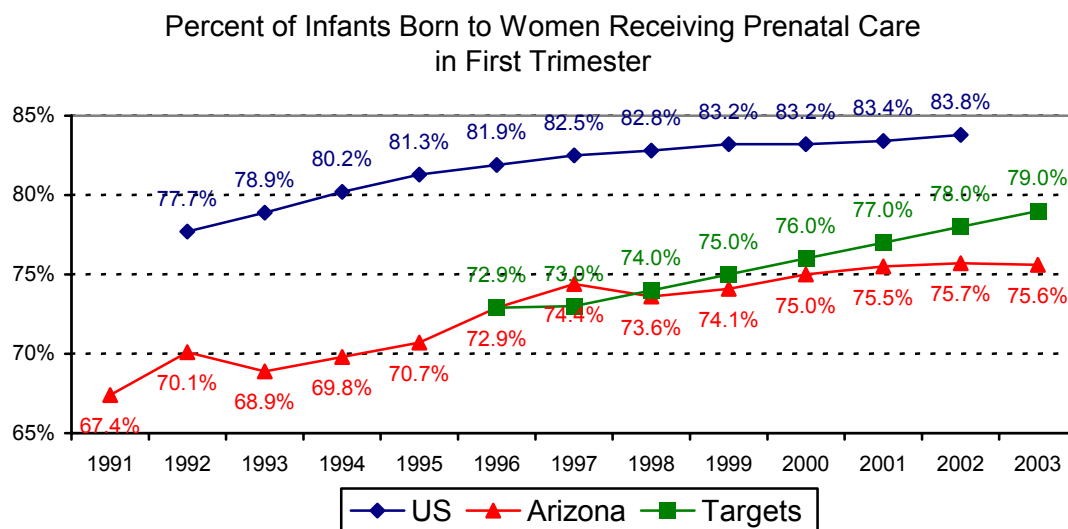
BACKGROUND

Early identification of maternal disease and risks for complications of pregnancy or birth are the primary reason for first trimester entry into prenatal care. This can help ensure that women with complex problems and women with chronic illness or other risks are seen by specialists. Early high-quality prenatal care is critical to improving pregnancy outcomes (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-16a: Increase the proportion of pregnant women who receive early and adequate perinatal care beginning in the first trimester of pregnancy to 90 percent. (Baseline: 83 percent in 1998.)

STATUS IN 2003 = 75.6%, ARIZONA RANK = 47



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health supports many programs designed to identify women early in their pregnancy and get them into prenatal care. The Health Start program utilizes trained lay health workers who conduct outreach in their local communities. The Pregnancy and Breastfeeding hotline assists women through the Medicaid eligibility process. Funding is provided at the local level for pregnancy testing and referral to prenatal care through the County Prenatal Block Grant and the Reproductive Health /Family Planning Program.

OUTCOME # 1 THE INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS.

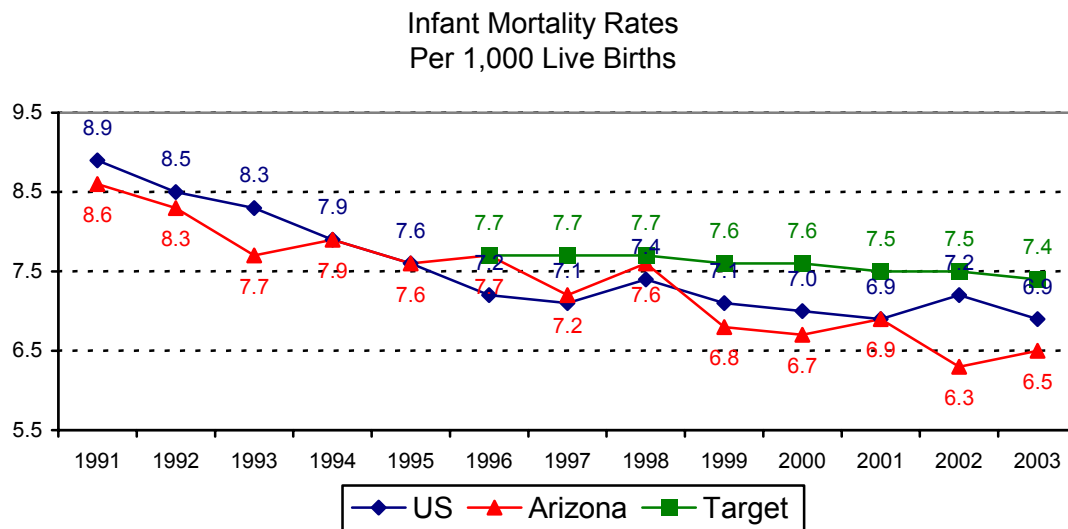
BACKGROUND

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed in the last 10 years. Rates are much higher in the lower social class and in the lowest income groups across all populations (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-1c: Reduction of infant deaths (within one year) to 4.5 per 1,000 live births. (Baseline: 7.2 in 1998.) Healthy Arizona 2010 Maternal/Infant Health Objective #1 is to reduce infant mortality to 6 percent.

STATUS IN 2003 = 6.5, ARIZONA RANK = 19



OUTCOME # 2 THE RATIO OF THE BLACK INFANT MORTALITY RATE TO THE WHITE INFANT MORTALITY RATE.

BACKGROUND

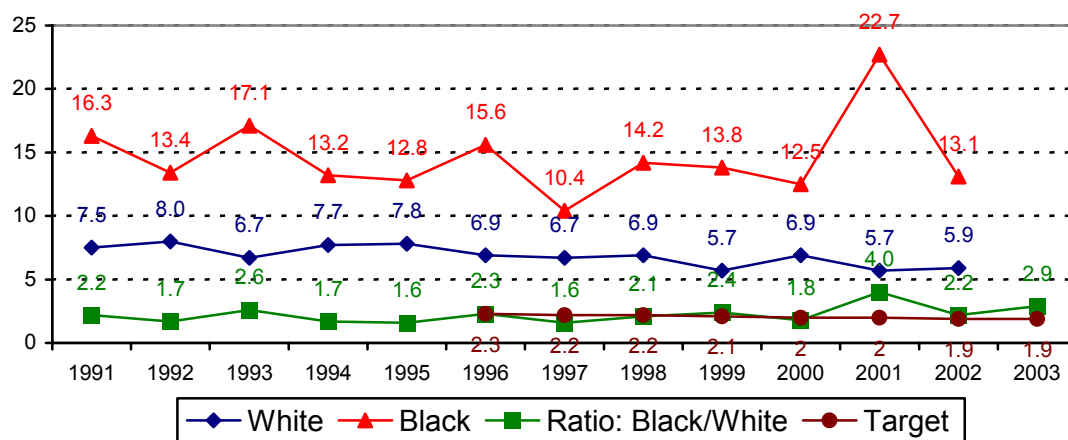
The rate for black infant mortality is over twice the white rate. Black women are twice as likely as white women to experience prematurity, low birth weight, and fetal death (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-1c: Reduce all infant deaths (within 1 year) to 4.5 per 1,000 live births. Objective 16-1d: Reduce all neonatal deaths (within the first 28 days of life) to 2.9 per 1,000 live births. Objective 16-1e: Reduce all post-neonatal deaths (between 28 days and one year) to 1.5 per 1,000 live births. (Baselines [all 1997] – Infant deaths: White = 6.0 and Black = 13.7; Neonatal deaths: White = 4.0 and Black = 9.2; Post-neonatal deaths: White = 2.1 and Black = 4.5.)

STATUS IN 2003 = 2.9, ARIZONA RANK = 19

The Ratios of Black Infant Mortality Rate
to White Infant Mortality Rate



OUTCOME # 3 THE NEONATAL MORTALITY RATE PER 1,000 LIVE BIRTHS.

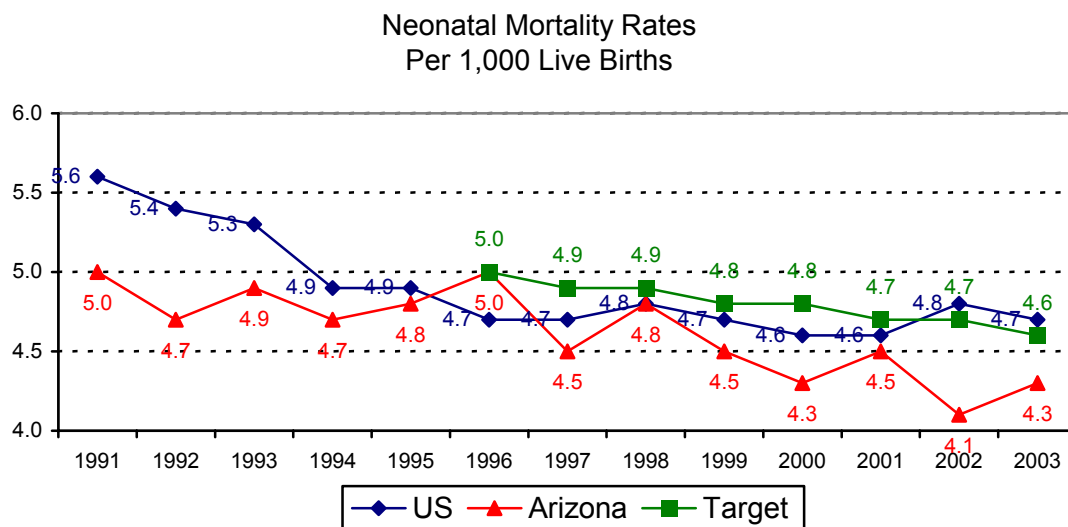
BACKGROUND

Neonatal mortality is a reflection of the health of the newborn and reflects health status and treatment of the pregnant mother and of the baby after birth (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-1d: reduce all neonatal deaths (within the first 28 days of life) to 2.9 per 1,000 live births. (Baseline: 4.8 in 1998.)

STATUS IN 2003 = 4.3, ARIZONA RANK = 20



OUTCOME # 4 THE POSTNEONATAL MORTALITY RATE PER 1,000 LIVE BIRTHS.

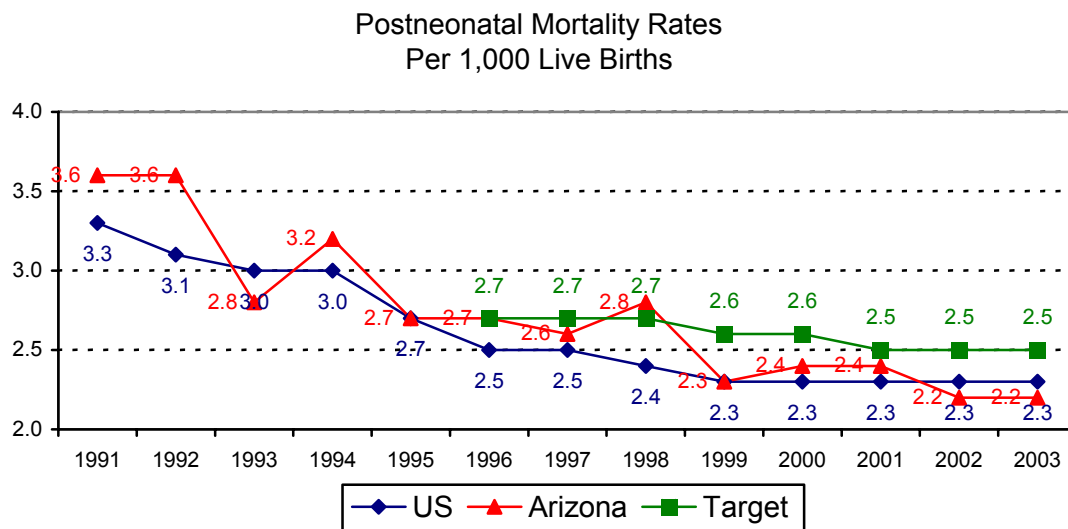
BACKGROUND

The postneonatal period of mortality reflects the environment and the care infants receive. SIDS deaths occur during this period and have been recently reduced due to new infant positioning in the U.S. Poverty and lack of access to timely care are also related to infant deaths (Guidance, 2003).

HEALTHY PEOPLE GOALS

Objective 16-1e: reduce all post-neonatal deaths (between 28 days and one year) to 1.5 per 1,000 live births. (Baseline: 2.4 in 1998.)

STATUS IN 2003 = 2.2, ARIZONA RANK = 25



OUTCOME # 5 THE PERINATAL MORTALITY RATE PER 1,000 LIVE BIRTHS PLUS FETAL DEATHS.

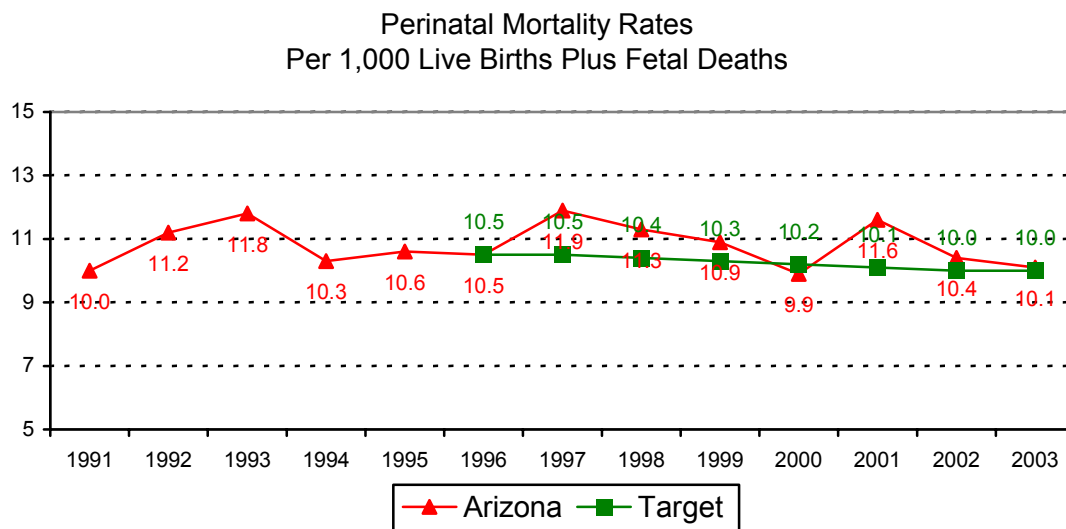
BACKGROUND

Perinatal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment and early newborn care (Guidance, 2003). To calculate the perinatal mortality rate, $[(\text{Neonatal deaths} < 7 \text{ days} + \text{fetal deaths}) \div (\text{live births} + \text{fetal deaths})] \times 1,000$.

HEALTHY PEOPLE GOALS

Objective 16-1b: Reduce the death rate during the perinatal period (28 weeks of gestation to 7 days or less after birth) to 4.5 per 1,000 live births plus fetal deaths. (Baseline: 7.5 in 1997.)

STATUS IN 2003 = 10.1, ARIZONA RANK = 41



OUTCOME # 6 THE CHILD DEATH RATE PER 100,000 CHILDREN AGED 1 THROUGH 14.

BACKGROUND

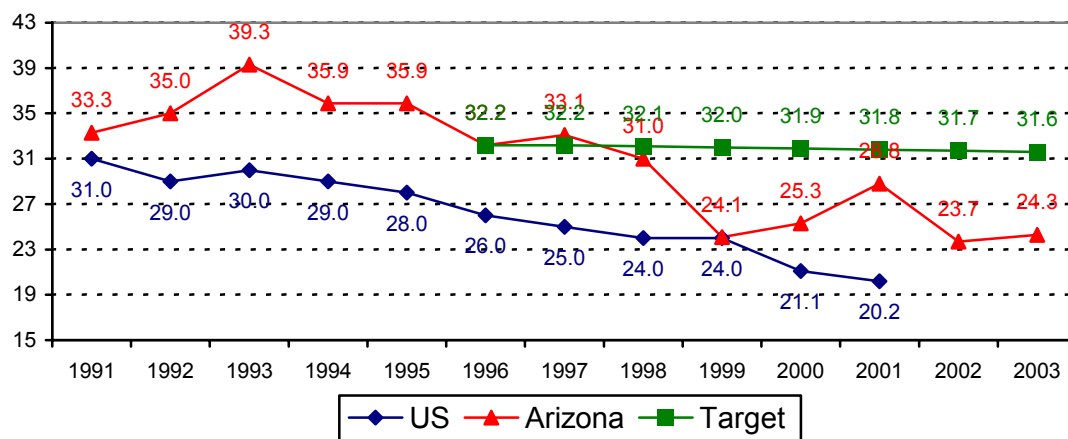
Children's likelihood of survival increases dramatically after the first year of life. The child death rate decreased from 33.8 in 1985 to 28.8 in 1992. The Department of Health and Human Services strategic plan identifies improvements in the rates of preventable death as part of priority goals for children and youths (Guidance, 2003).

HEALTHY PEOPLE GOALS

Combination of Objectives 16-2a: Reduce deaths in children aged one to four years to 25.0 per 100,000 in that age group. (Baseline: 34.2 in 1998.) Objectives 16-2b: Reduce deaths in children aged five to nine years to 14.3 per 100,000 in that age group. (Baseline: 21.8 in 1998.)

STATUS IN 2003 = 24.3, ARIZONA RANK = 37

Mortality Rate Per 100,000 Among Children Aged 1-14



SPM # 1 PROPORTION OF LOW-INCOME WOMEN WHO RECEIVE REPRODUCTIVE HEALTH/FAMILY PLANNING SERVICES.

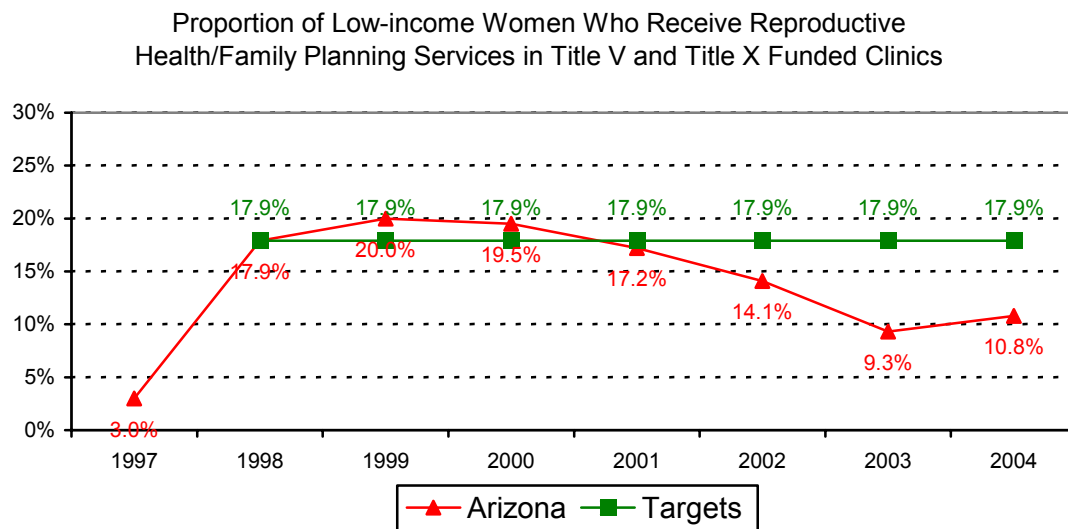
BACKGROUND

Unintended pregnancy is a serious public health issue and is costly. Providing family planning services results in substantial savings in both human and fiscal terms (Guidance, 2003).

HEALTHY PEOPLE GOALS

Healthy People 2010 Family Planning Objective #1 is to increase to at least 70 percent the proportion of all pregnancies among women aged 15-44 that are planned. Developmental Objective #5 is to increase the percent of family planning clinics that provide—either directly or through referral—postcoital hormonal contraception.

STATUS IN 2004 = 10.8



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

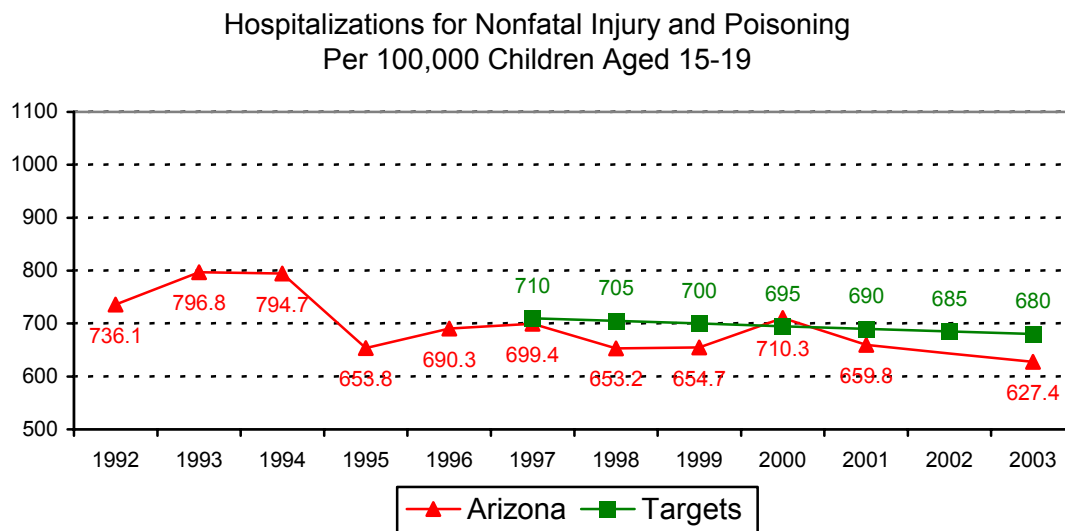
The Reproductive Health/Family Planning Program provides funding to 11 local counties in Arizona. Comprehensive services include education, counseling, referral, and medical care. Collaborating with the Title X family planning provider, the Arizona Family Planning Council ensures that family planning services are available to low-income women throughout Arizona.

SPM # 2 HOSPITALIZATIONS FOR NONFATAL INJURIES AND POISONINGS PER 100,000 ADOLESCENTS AGE 15-19.

BACKGROUND

Injury is the leading cause of death among children one year of age and older, both nationwide and in Arizona. Injury accounts for more premature child deaths than all major diseases combined (Guidance, 2003).

STATUS IN 2003 = 627.4



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

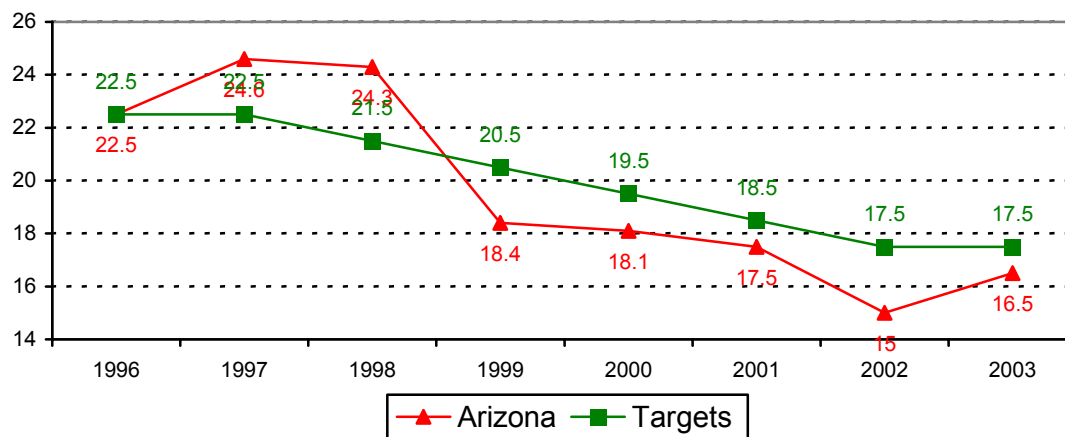
The Arizona Department of Health Services has developed a state injury surveillance and prevention plan. As part of the overall plan for Arizona, many programs provide technical support and fund local programs related to injury prevention.

BACKGROUND

This is a global measure of outcome for all children. Individual programs may target specific causes of child death but this measure looks at all child deaths that could reasonably have been prevented with appropriate intervention. While the number of children who die is relatively small, it is directly related to the much larger number of children who are harmed by the same cause (Guidance, 2003).

STATUS IN 2003 = 16.5

Preventable Deaths Per 100,000 Children Under 18

**HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE**

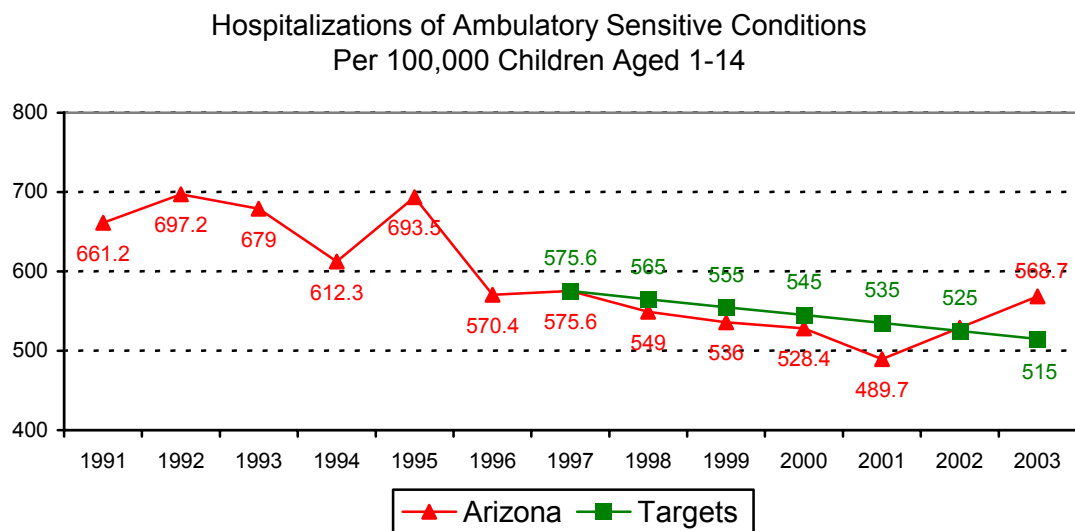
Office of Women's and Children's Health supports community child injury prevention coalitions throughout Arizona, which promote safer homes and communities through education and intervention. The Child Fatality Review Program uses locally developed multi-disciplinary teams throughout Arizona to conduct detailed reviews of the circumstances surrounding all deaths of children and makes recommendations for reduction of preventable child fatalities.

SPM # 7 THE RATE OF CHILDREN 1 THROUGH 14 HOSPITALIZED FOR AMBULATORY CARE SENSITIVE CONDITIONS PER 100,000.

BACKGROUND

Ambulatory care sensitive conditions are those conditions that would not have required hospitalization if adequate primary care services had been provided. This issue has both medical and financial consequences, as children become sicker than necessary before they get treatment and the cost of treatment in an inpatient hospital setting is far higher than treatment in a physician's office (Guidance, 2003).

STATUS IN 2003 = 568.7



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health works closely with a variety of organizations throughout the state to address the health needs of children in Arizona at a community level. Funding is periodically available through the Title V Maternal Child Health block Grant to communities for targeted priorities. The Medical Home Project provides access to health care for uninsured children from low-income families who do not qualify (or are in the process of qualifying) for AHCCCS or KidsCare. The goal of the project is to increase access to health care for uninsured children.

**SPM # 9 PERCENT OF CHILDREN AGE 3 THROUGH 20 WHO HAD THEIR TEETH CLEANED
BY A DENTIST OR DENTAL HYGIENIST WITHIN THE PAST YEAR.**

BACKGROUND

One of the most significant findings from the 2000 needs assessment of the Maternal Child Health population in Arizona was the unmet need for dental services. This measure tracks the proportion of children who get regular preventive dentistry (Guidance, 2003). Nationally, 78.4 percent of children over the age of three who have natural teeth received a routine preventive dental service in the last 12 months.

HEALTHY PEOPLE GOALS

Healthy Arizona 2010 Oral Health Objective #1 is to increase the proportion of children and adults who receive dental care each year. Healthy People 2010 Oral Health Objective #1 is to reduce dental cavities in primary and permanent teeth so that the proportion of children who have one or more cavities is no more than 15 percent of children age 2-4, and 40 percent of children age 6-8.

STATUS IN 2003 = 72.5%

According to the State and Local Area Integrated Telephone Survey data, 72.5 percent of children in Arizona age 3 through 17 received a routine preventive service within the past year. Seven percent of children had an identified need for a dental service that they did not receive, and 15 percent of the children had never seen a dentist.

HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

Title V Funds support the Office of Oral Health which provides technical assistance to hygienists to provide preventative therapies in underserved areas, and manages a school-based health center grant in which school nurses at participating sites refer children for care and teeth cleaning. The Children's Information Center Hotline distributes oral health educational materials to callers and provides referral information.

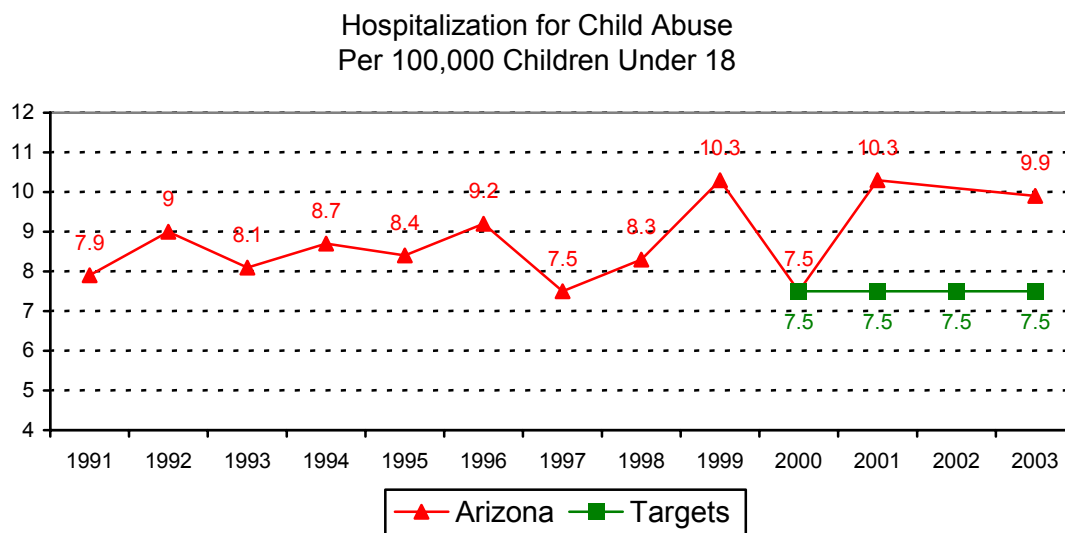
BACKGROUND

The Arizona Department of Health Services sought public input from its partners (e.g. community health centers, adolescent health coalition, foundations, county health departments and other state agencies). Partners were presented with data related to health status indicators, performance measures, and needs assessment. Data was then collected from the partners on what they considered to be critical issues. Two issues emerged as most important: child abuse and violence against women (Guidance, 2003).

HEALTHY PEOPLE GOALS

Healthy Arizona 2010 Injury & Violence Prevention Objective # 5 is to develop and/or enhance data systems for abusive behaviors (such as child abuse, etc.) Healthy People 2010 Injury & Violence Prevention (Developmental) Objective #34 is to reduce per 1,000 children the incidence of maltreatment of children younger than 18.

STATUS IN 2003 = 9.9

**HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE**

The Office of Women's and Children's Health supports The Citizen's Review Panel, which was established to determine whether state and local agencies are effectively discharging their child protection responsibilities. Panels develop recommendations for improvement of Child Protection Services through independent, unbiased reviews by panels composed of citizens; and social service, legal, medical, education, and mental health professionals. Funds are also provided for services for children who witness domestic violence, and Health Start workers monitor for violence during home visits.

SPM # 11 RATE OF HOSPITALIZATIONS DUE TO VIOLENCE AGAINST WOMEN PER 100,000 WOMEN.

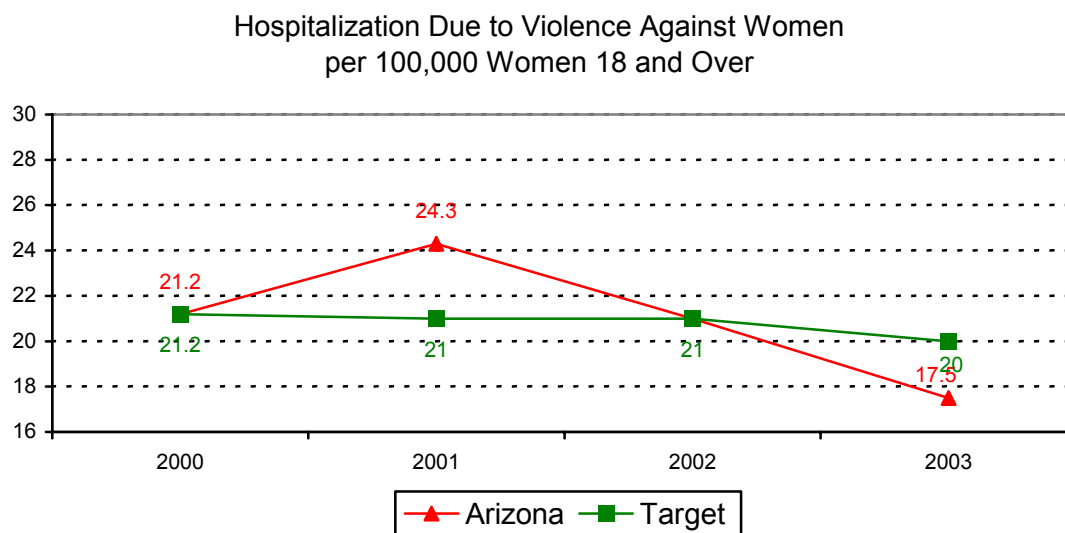
BACKGROUND

The Arizona Department of Health Services sought public input from its partners (e.g. community health centers, adolescent health coalition, foundations, county health departments and other state agencies). Partners were presented with data related to health status indicators, performance measures, and needs assessment. Data was then collected from the partners on what they considered to be critical issues. Two issues emerged as most important: child abuse and violence against women (Guidance, 2003).

HEALTHY PEOPLE GOALS

Healthy Arizona 2010 Injury & Violence Prevention Objective #5 is to develop and/or enhance data systems for abusive behaviors (such as child abuse, family violence, rape and sexual assault etc.).

STATUS IN 2003 = 17.5



HIGHLIGHT OF EFFORTS ADDRESSING PERFORMANCE MEASURE

The Office of Women's and Children's Health provides funds to rural community agencies to assist individuals experiencing domestic violence through crisis intervention, legal advocacy services, case management, counseling services to children living in families experiencing domestic violence, and statewide education and training. Funding is provided to non-profit agencies throughout Arizona to create and implement strategies designed to prevent sexual violence and rape through a variety of prevention and educational services targeting students, professionals, community members, and underserved populations.